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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/797,192
	Filing Date	March 11, 2004
	First Named Inventor	Kao-Cheng HSIEH
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	2519-0294PUS1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature			
Printed name	Joe McKinney Muncy		
Date	August 21, 2006	Reg. No.	32,334



PATENT

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant:	Kao-Cheng HSIEH	Conf.:	4738
Appl. No.:	10/797,192	Group:	2629
Filed:	March 11, 2004	Examiner:	HJERPE, RICHARD A

For: WIRELESS HUMAN INPUT DEVICE

CERTIFICATE UNDER 37 C.F.R. § 3.73(b)
SHOWING CHAIN OF TITLE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

BEHAVIOR TECH COMPUTER CORP., a CORPORATION OF TAIWAN, R.O.C. certifies that it is the assignee of the patent application or issued patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application or issued patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 017592, Frame 0590, or for which a copy thereof is attached.

- OR -

- B. ☐ A chain of title from the inventor(s), of the patent application or issued patent identified above, to the current assignee as shown below:

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- ☐ Additional documents in the chain of title are attached.
- ☐ Copies of assignments or other documents in the chain of title are attached

The undersigned has reviewed all the documents in the chain of title of the patent application or issued patent identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2006.5.3
Date

Atul Sr

Signature

Steel Sr

Typed or printed name

President
Title



PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/797,192
	Filing Date	March 11, 2004
	First Named Inventor	Kao-Cheng HSIEH
	Art Unit	2629
	Examiner Name	HJERPE, RICHARD A
	Attorney Docket Number	N/A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 02292☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

02292

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Steel SU/ President

Date

2006. 5. 3

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.